

## A vanguard study of Individualized homoeopathic medicines based on temperament analysis

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**Abstract**— Temperament has a psychopathological role in biological system assessing through the genetically traits. Temperament analysis is used as a clinical approach in homoeopathic system of holistic medicines dealing with the principle of individualization. The present study emphasizes on the application of new Case Performa for prescribing homoeopathic medicines through the temperament analysis. This pilot study was conducted in Bharati Vidyapeeth (Deemed to be University) homoeopathic medical hospital and postgraduate research center which enrolled the participants from January 2014 to December 2015. Temperamental analysis showed melancholic temperament perceiving participant about 50% and melancholic combined with other temperament had 20%, while 20% of participants had choleric temperament. About 10% of participant had sanguine and combined with other temperament and 10% of participant had phlegmatic temperament. Homoeopathic medicines viz. Ferrum phosphoricum, Hepar sulphuricum, Kali phosphoricum, Kali sulphuricum, Lachesis, Lycopodium, Magnesium Phosphoricum, Natrum muriaticum, Rhus toxicodendron and Spongia tosta in their various potencies (6X, 30C, 200C, 1M) were found to be effective. The outcome of this study still needs to be well designed with clear feasible objectives, more clearly analytical plans before performing on further large scale population in assessing the effects of homeopathic treatment and medication with the help of temperament.

**Keywords**— Holistic, Homoeopathy, Individualization, Temperament, Vanguard.

### I. INTRODUCTION

Temperament is studied on the basis of relation to the etiological factors of psychopathology or the socio-emotional maladjustment. Temperament originally was defined by *Thomas* and *Chess* in their New York Longitudinal Study which emphasized the nine dimensions of temperament with an addition to three higher-order categories [1,2]. This approach although remains as theoretical as the inclusive criteria and structured temperament analysis is still a debate as various approaches and words are defined to construct it [3]. Temperament refers to the following domain such as affectivity, motor activity and self-regulatory processes (Shiner et al., 2012). The structure of temperament can be analysed through behavioural patterns and neurobiological measurements, which is continuously influenced through genetic code, biological events, cognitive functions and the environmental factors [3]. Researches working on

temperament had benefitted by understanding the developmental psychopathology and the behavioural genetic correlation amongst the individual temperament [3].

Temperament helps us in understanding the biological – based risk factors which influences the individual on the sphere of socio-emotional adjustment that interfere the complex process of individuals own cognitive behaviour involving the expression of external developmental characters [3]. Toddler temperament scale has initially been used in assessing the pattern of child behavioural in dentistry care units [4].

Homoeopathy the science of holistic approach based on individualization i.e. “*Similia Similibus Curenture*” classified temperament as an essential character in the development of individual [5]. These synthesizing concepts which involves complex science of non-linear dynamical process is a challenge in understanding the network of homeopathic philosophy and its practice which establishes the vital force

influencing to heal the process in sick individual to obtain the healthy state [5]. Homoeopathic practice is merely a challenge in analyzing the individual characteristic sensation among the disease and further converting the rubric in reportorial language for differentiating the remedies to access the final similimum. Two patterns for analyzing a case are recently been used in homoeopathic practice viz. Classical homoeopathy and Modern homoeopathy. The difference lies in case format as the Classical approach (Kentian approach) of case taking emphasizes more over the mind (will, emotion, intellectual) part while the Modern approach (Boeninghausen approach) of case taking emphasizes on the physical parameters (pathological) part. In order to analyze a case for a detail individual analysis, this pilot study was performed.

This study was a part of Internship Clinical Training Program (ICTP) and an attempt by Interns of 31<sup>st</sup> batch – F. In the present study we have used the temperament classified and already been practiced by Dr. Parinaz humranwala [6], and had made an attempt in developing the new Case Performa for prescribing homoeopathic medicines through the temperament analysis.

## II. OBJECTIVES

1. To assess feasibility or vanguard studies for the safety of treatment or interventions of homoeopathic medicines.
2. To identify the peculiar characteristic of participant and response to the homoeopathic therapy prescribed on the basis of temperaments.
3. To establish the time period required for improvement of participant with their respective disease character.
4. To identify any adverse event observed in the participant.

## III. METHODOLOGY

The study design assigned for conducting this trail was reviewed under two senior consultant homoeopaths (G.K.O and A.B.J) mentioned as open-label pilot study of individualized homoeopathic treatment prescribed on the basis of temperaments.

### Study settings and participants –

Participants were recruited from January 2014 to December 2015 using various methods (word of mouth, posters, seminars, referrals from a multi-specialty hospital). Study was conducted at Bharati Vidyapeeth (Deemed to be University) Homoeopathic medical hospital and postgraduate

research center. Potentials of participants meeting the inclusion/exclusion criteria were invited to participate in the study. Cases of acute diseases and complex pathological changes have been excluded in this pilot study. Participants were aged 18–60 years. Participants were informed about the potentials of homoeopathic aggravations resulting from treatment.

## IV. INTERVENTION –

### The Homoeopathic consultation –

The homoeopathic consultations occurred at Bharati Vidyapeeth (Deemed to be University) Homoeopathic medical hospital and postgraduate research center, Pune, Maharashtra, India. The method of case taking had a classical approach and the case analysis was then performed using repertory software [7] and Synthesis 9.1 repertory [8] as well as various clinical therapeutics of Homoeopathic Materia Medica [9][10][11][12]. The consultation had normal practice and varied in length (approximately 1.5 h and follow-up 30–45 min) and content according to the individual. The homoeopaths practiced usual on the principles of Hahnemann's Organon of Medicine [13].

The 5 follow-ups and homoeopathic consultations with the participants conducted in homoeopathic hospital. Time between visits was lasted approximately 1 month. 3 homoeopaths (with dual training of their internship in Bharati Vidyapeeth (Deemed to be University) Homoeopathic medical hospital and postgraduate research center) trained in taking case and prescribing through homoeopathic methods from the senior homoeopathic physician (with over 10 years of experience of academic and clinical teachings in homoeopathy) conducted a homoeopathic interview and prescribed a homoeopathic treatment consistent with standard practice at each consultation. There were no consultation or medicine fees for the participants. Prior to every consultation, the study coordinator recorded concomitant medications, any other treatments, and adverse event.

### Trial medication –

Trial medications were given directly to the participant. There was no any acceptable format for the intervention of homoeopathic medicines. Approximately 1.2 g lactose powder embedded with homoeopathic medicine was administered sublingually or 3–4 (2.5 mm) spherical lactose/sucrose granules embedded with homoeopathic medicine taken orally (held in the mouth for 10 sec before swallowing). Homoeopathic medicine dosage and remedy was changed and analyzed with the follow up of participant. Homoeopathic remedy potencies were in the centesimal scale and were chosen at the discretion of the homoeopath within the range of 6CH and 1M. Homoeopathic medicines were

procured and prescribed from GMP approved Homoeopathic pharmaceuticals (SBL) which followed the guidelines of homoeopathic pharmacopeia. All participants were asked to take the homoeopathic medicine 0.5 hr. prior to food or beverage intake, or exposure to strong smelling substances.

**Modified case methodology (TEMPAREMENT)**

The below Table no. 1 explains the case format used in this study.

**Table No.1 – Case Taking Performa.**

<b>Case Format</b>	
<b>Preliminary data-</b> Presents initial data of the participants.	<b>Name- Age/sex- Address- Occupation-</b>
<b>Chief complaints-</b> Classifying the symptoms either Kent or Boeninghausen method of case taking.	<b>Present history of complaints –</b> Onset, duration, progress <b>Past history of complaints - Drug history-</b>
<b>Family history-</b> Genetic trait analyzing	---
<b>Personal history-</b> individual analysis through potential differential field (PDF).	<b>Diet-</b> preferred with existing complaints. <b>Appetite-</b> Increased or decreased with complaints. <b>Craving-</b> Specific to the presenting complaints. <b>Aversion-</b> Specific to the presenting complaints. <b>Thirst-</b> Increased or decreased with complaints. <b>Bowel-</b> Satisfactory or unsatisfactory. <b>Urine-</b> Color, frequency, etc <b>Sleep-</b> Pattern with existing complaints <b>Dream-</b> Specific to the presenting complaints. <b>Perspiration-</b> Increased or decreased with complaints. <b>Thermal-</b> Hot, Cold, Ambi with existing complaints. <b>Habits-</b> Specific to the presenting complaints.
<b>Menstrual history –</b> Pattern of cycle and flow. <b>Obstetric history-</b> GADL	---
<b>Mind-</b> Participants individual approach and physician patience in listen. Refereed in Organon of medicine.	Life space of the participant and psychological assessment.

<b>Questioners based on the temperaments –</b>	<ol style="list-style-type: none"> <li>1. How you are as a friend?</li> <li>2. How you are at your work place?</li> <li>3. How you are as a parent?</li> <li>4. What are your positive points?</li> <li>5. What are your negative points?</li> <li>6. How are your relations with family members?</li> <li>7. How you take new challenges in your life?</li> <li>8. What are your future planning's?</li> </ol>
<b>Examination –</b> Depends on the existing complaints of participants.	<b>General examination- Vital data- Systemic examination- Local examination-</b>

**Table No. 2 – Highlighted characteristics of individual temperaments in prescribing [6].**

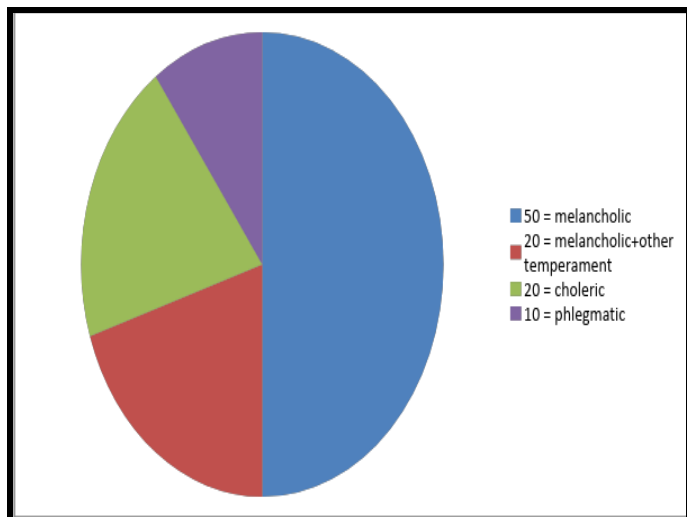
Temperament analysis -					
Category	Sanguine	Choleric	Melancholic	Phlegmatic	Nervous
Main feature and emotions	Spontaneous. Vivacious. Cheerful. Popular. Life of party. Good sense of humor. Appealing. Bubbly.	Adventurous. Must correct wrongs. Powerful. Decisive. Born leader. Aggressive. Strong willed, dynamic. Active. Exudes confidence. Unemotional. Independent. Self-sufficient.	Faithful. Introvert Perfect. Persistent. Talented. Deep & thoughtful. Sensitive to others. Serious and purposeful. Self sacrificing. Idealistic. Poetic. Philosophical. Thinker	Friendly. Patient. Contented. Peaceful. Couch potato. Passive & hold. Calm. Easy going. All purpose person. Consistent with life. Well balanced. Low-key person.	Anxious. Worried. Apprehensive. Wanting control. Fearful. Cautious. Wanting support. Confused. Dreads everything.
Friend	Friendly. People’s person. Thrives on compliments. Does not hold grudges. Like spontaneous activity. Just everybody seems to know him. Talkative. Story teller.	Is usually right. Has little need for friends. Will lead. Organize and coordinate. Excels in handling emergencies.	Faithful. Devoted. Seeks ideal mate. Content. Cautious about. Friendship. Solves others problems. Deep concern for others. Moved to tears with compassion.	Easy to get along. Inoffensive. Good listener. Has compassion and concern. Enjoys watching people.	Worries about small matters. Recommends the doctor she has faith in. Does not allow travel to be enjoyable.
Parent	Makes living at home fun. Admired by friends of children. Turns disaster into humor.	Leader of the family. Want result. Not so attached. Established goals.	Encourages talent and scholarship. Keeps home in good order. Sacrifices for family member.	Take time out for children. Is not in hurry. Family oriented.	Anxious before child’s exam. Edgy for small matters. Palpable anxiety at home. Health an important criteria.
Work	Creative. Colorful. Enthusiastic. Charms others to work.	Goal oriented. Organized. Delegates work. Critical of error. Insists on production. Compulsive need to change work.	Orderly & organized. Economical & schedule oriented. Detail conscious. Likes charts and graphs. Need to finish what is started.	Late at work. Avoids conflicts. Peaceful & agreeable with boss. Finds easy way out. Non persuasive. Monotonous.	Punctual. Distressed from sudden changes of schedule. Restless. Worried before appointment.

**V. RESULTS**

**Study participants –**

This study reported a data of about 18 cases enrolled for the treatment of homeopathic medicines. About 8 cases were found to be drop out due to no consistency in follow-up of cases

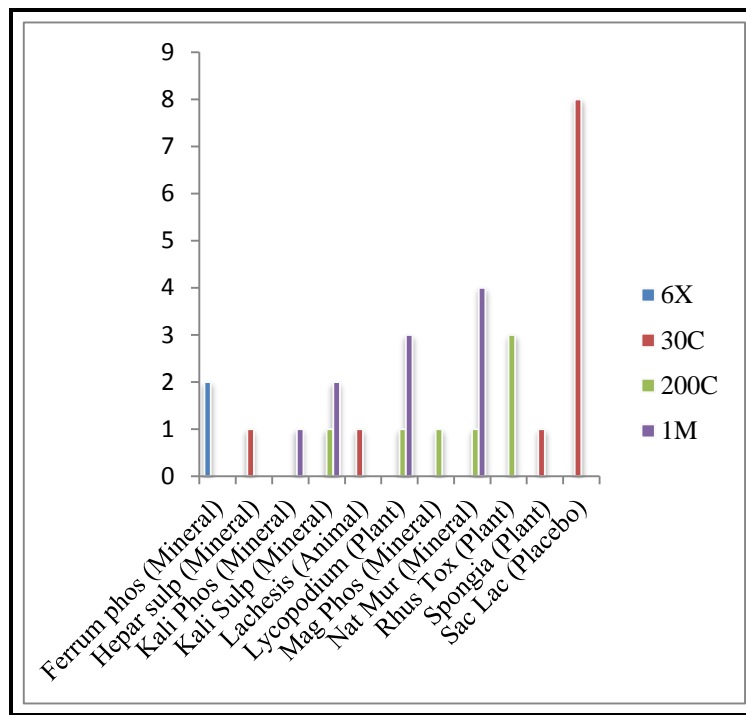
**Temperament analysis –**



**Figure No. 1- Temperament analysis percent.**

**Homeopathic medicines prescribed –**

The below figure no. 2 mentioned the prescribed homeopathic medicine on the basis of temperaments. Medicines like Ferrum phosphoricum, Hepar sulphuricum, Kali phosphoricum, Kali sulphuricum, Lachesis, Lycopodium, Magnesium Phosphoricum, Natrum muriaticum, Rhus toxicodendron and Spongia in their various potencies (6X, 30C, 200C, 1M) were used. Homeopathic medicines prepared from vegetable kingdoms are found to be short acting and must be prescribed in repeated frequency i.e. BD or TDS. Mineral kingdom medicines are deep acting and preferred in powder form of doses i.e. OD and animal kingdom to can be preferred in powder forms i.e. OD. Potencies were selected on the basis of intensity of symptoms and nature of disease [12].



**Figure No. 2 – Details of prescribed homeopathic medicines.**

**Qualitative analysis of cases -**

The qualitative analysis of the case data presented in this study is mentioned with the respective temperament of the participants. Case reports of individual participant are deposited in Bharati Vidyapeeth homeopathic hospital and postgraduate research center. In case of reviewing the registered case paper contact the hospital administrator or email – [bvduhmcp@gmail.com](mailto:bvduhmcp@gmail.com).

Table No. 3 – Qualitative analysis of included cases in studies.

Case no	Name of participant	Age/ sex	Diagnosis	Temperament	Probable remedy	Prescription	Result
1	Mr B .J.	40/M	Renal calculi	Melancholic + Phlegmatic	Nat mur, Phos, Bell, Sulph	Rx - Nat mur 1M 3 powder doses O.D + Mag phos 6X 3 tablets TDS.	+
						1 <sup>st</sup> follow up - Nat mur 1M 3 powder doses O.D + Mag phos 6X 3 tablets TDS.	
						2 <sup>nd</sup> follow up - Rhus tox 200C 2 pills BD (1dram), Mag phos 200C 3 powder doses SOS.	
						3 <sup>rd</sup> follow up - No medicine.	
						4 <sup>th</sup> follow up - Rhus tox 200C 1dram SOS, Mag phos 200C 2 Powder doses SOS.	
						5 <sup>th</sup> follow up – No medicine.	
2	Mrs S. B. S.	40/F	Renal calculi	Phlegmatic + Nervous	Kali sulph, Sulphur, Bella, Calc	Rx - kali sulph 200C 2 powder dose OD.	+
						1 <sup>st</sup> follow up - Rhus tox 200C 4 pills TDS.	
						2 <sup>nd</sup> follow up - Kali sulph 1M 2 powder dose OD.	
						3 <sup>rd</sup> follow up – SL 1 powder dose stat.	
						4 <sup>th</sup> follow up - No medicine.	
						5 <sup>th</sup> follow up – No medicine.	
3	Mrs M. M. D.	43/F	Gastrooesophageal reflux disorder.	Nervous + Melancholic	Kali c, Puls, Phos , Nuxvomica	Rx - Kali phos 1M 3 powder doses OD, S.L 2 pills BD.	+
						1 <sup>st</sup> follow up - Kali phos 1M powder dose OD, SL 3 pills TDS.	
						2 <sup>nd</sup> follow up - Ferrum phos 6X 3 tablets TDS.	
						3 <sup>rd</sup> follow up - Ferrum phos 6X 3 tablets TDS.	
						4 <sup>th</sup> follow up - Ferrum phos 6X 3 tablets TDS.	
						5 <sup>th</sup> follow up - SL 3 pills TDS, Rhus tox 200C powder dose SOS.	

4	Mrs A. A. N.	31/F	Low backache	Melancholic +	Nat mur, Sepia, Nux vomica	Rx - Nat mur 200C 3 powder doses OD, Ferrum phos 6X 4 pills BD.	+
				Nervous +		1 <sup>st</sup> follow up - Ferrum phos 6X 3 tablets TDS.	
				Choleric		2 <sup>nd</sup> follow up - Ferrum phos 6X 3 tablets OD.	
						3 <sup>rd</sup> follow up - Nat mur 1M 2 powder dose OD.	
						4 <sup>th</sup> follow up – No medicine	
						5 <sup>th</sup> follow up - Rhus tox 200C 4 pills TDS, SL 3 doses OD.	
5	Mr S. L.	21/M	Acne vulgaris	Choleric +	Nat mur, Lyco	Rx - Nat mur 1M 3 powder doses OD for 3 days, SL 3 pills TDS.	+
				Melancholic +		1 <sup>st</sup> follow up - Nat mur 1M 3 powder doses, SL 3 pills TDS.	
				Sanguine		2 <sup>nd</sup> follow up - SL 1 dose stat, SL 3 pills TDS.	
						3 <sup>rd</sup> follow up - Nat mur 1M 3 powder doses OD, SL 3 pills TDS.	
						4 <sup>th</sup> follow up - SL 3 pills TDS.	
						5 <sup>th</sup> follow up - Nat mur 1M 3 powder doses OD, SL 3 pills TDS.	
6	Mr S. R.	23/M	Dandruff and hairfall	Choleric	Lycopodium, Kali carb, Bella, Lachasis	Rx - Lycopodium 1M 3 powder dose OD, SL 3pills TDS.	-
						1 <sup>st</sup> follow up - Lyco 1M 3 powder doses OD.	
						2 <sup>nd</sup> follow up - Lyco 1M 3 powder doses OD.	
						3 <sup>rd</sup> follow up - Lyco 1M powder dose stat.	
						4 <sup>th</sup> follow up - Lyco 1M powder dose stat.	
						5 <sup>th</sup> follow up - Lyco 1M powder dose stat.	
7	Mrs S. M. J.	47/F	Eczema	Melancholic +	Kali sulph, Puls, Nat mur, Sepia	Rx - Kali sulph 1M 2 powder dose OD, S L 3pills TDS.	+
				Nervous		1 <sup>st</sup> follow up - Kali sulph 1M powder dose stat.	
						2 <sup>nd</sup> follow up - SL 4 pills TDS.	
						3 <sup>rd</sup> follow up - Kali sulph 1M powder dose stat.	
						4 <sup>th</sup> follow up - SL 3 pills TDS.	
						5 <sup>th</sup> follow up - SL 3 pills TDS.	

8	Mr O. P. V.	23/M	Lypoma	Choleric + Melancholic + Sanguine	Lyco, Phos, Sulph	Rx - Lycopodium 1M 3 powder doses OD.	-
						1 <sup>st</sup> follow up - Lyco 1M 3 powder doses OD, SL 3 pills TDS.	
						2 <sup>nd</sup> follow up - Spongia 30C 4 pills TDS, Hepar sulph 30C 2 powder doses OD.	
						3 <sup>rd</sup> follow up - Lyco 1M 3 powder dose OD, SL 3 pills TDS.	
						4 <sup>th</sup> follow up - Lyco 1M 3 powder dose OD, SL 3 pills TDS.	
						5 <sup>th</sup> follow up - Lachesis 30C 1 dram 3 pills BD.	
9	Mr N. C. P.	21/M	Renal calculi	Choleric + Melancholic + Nervous	lyco, nux vomica ,phos	Rx - Lycopodium 1 M powder dose stat, SL 2 pills TDS.	+
						1 <sup>st</sup> follow up - Lyco 1M powder dose stat, SL 2 pills BD.	
						2 <sup>nd</sup> follow up - SL 2 pills BD.	
						3 <sup>rd</sup> follow up - Lyco 1M powder dose stat, SL 2 pills BD.	
						4 <sup>th</sup> follow up - Lyco 1M powder dose stat , SL 2 pills BD.	
						5 <sup>th</sup> follow up - Lyco 200C powder dose stat.	
10	Ms P. K.	23/F	Dandruff and hairall	Melancholic + Sanguine	Nat mur, Phos, Lyco	Rx - Nat mur 1M 3 powder dose OD for 3days, SL 3 pills TDS.	+
						1 <sup>st</sup> follow up - Nat mur 1M 3 powder doses OD, SL 4 pills TDS.	
						2 <sup>nd</sup> follow up - SL 4 pills TDS.	
						3 <sup>rd</sup> follow up - Nat mur 1M 3 powder doses OD.	
						4 <sup>th</sup> follow up - Nat mur 1M 3 powder doses OD.	
						5 <sup>th</sup> follow up – No medicines.	

Note – OD= Once a day, BD= Twice a day (12 hr.), TDS= Thrice a day (8 hr.), SOS= whenever required.



## VI. DISCUSSION

The study reported about 50% participants as male and 50% as female candidate. In this pilot study temperament analysis showed melancholic temperament perceiving participant about 50% and melancholic combined with other temperament had 20%, while 20% of participants had choleric temperament. About 10% of participant had sanguine and combined with other temperament and 10% of participant had phlegmatic temperament.

### Changes in prescription of medication use –

Changes in the use of prescription medications were monitored throughout the study. 10 participants (8 responders; 2 non-responders) reported an increase in prescription of medication use.

### Treatment effect –

Since this was an open-label pilot study design, any improvement in symptom scores can be attributed with a variety of effects like, consultation effects, remedy effects, natural course of the disease, placebo effects and effects of participating in a trial. Any positive result from trail must be cautiously interpreted as evidence of a possible effect of homeopathic and not as a proof of any specific effect. This study suggests that further research needs to be determining in differentiating whether there is a specific effect of homeopathic treatment in general and of homeopathic remedies in particular is warranted.

### Adverse event –

Adverse event data were sought by a direct questioning from the study coordinator posed at the beginning of each consultation and did not differentiate between unexpected adverse events versus those that were clinically expected (also known as homeopathic remedy aggravations – described in the homeopathic literature as a mild and self-limiting increase in symptoms at the beginning of treatment) [13]. Participants were also informed about the potential for homeopathic aggravations resulting from treatment. Future studies should attempt to differentiate homeopathic remedy aggravations from unexpected adverse events.

## VII. CONCLUSION

The outcome of this study still needs to be well designed with clear feasible objectives, more clearly analytical plans before performing on further large scale population in assessing the effects of homeopathic treatment and medication with the help of temperament. Further study should also be based on clear captured clinically relevant

adverse events and differentiating it from homeopathic aggravation.

## VIII. CONFLICT OF INTEREST

We declare no conflict of interest and no source of funding was assigned.

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Prof. Dr. Arun Bhargav Jadhav a passionate researcher and the principal and head of institute of Bharati Vidyapeeth (Deemed to be University) homoeopathic medical college and hospital with post graduate research center, Pune -43. He started his career in homoeopathy by pursuing L.C.E.H in 1985 from Homeopathic medical college (Government of Karnataka). He pursued Doctor of medicine in Homoeopathic materia medica in 2004 from Dr. Babasaheb Ambedkar Marathwada University. He pursued his Doctor of Philosophy (Homoeopathic Materia Medica) in 2016 from Maharashtra University of Health Science (MUHS). He is the director of Chandrabhaga Charitable Trust. He has presented poster in international conference of AYUSH took place in Dubai. Also attended as a research delegate in International conference of homeopathy took place in Brazil. He was member of Central Council of Homoeopathy (CCH). He has made important contribution in the field of homeopathy working on the pharmacodynamic and pharmacokinetic actions of ultra diluted medicine in cancer cell line, diabetes etc. The details of the publication are available online. His main research work updates on the nanoparticles characterization of homoeopathic medicine, standardising the quality of process involved in drug preparation and proving protocol.



Prof. Dr. G.K. Oberoi, head of Department of Homoeopathic Materia Medica, Bharati Vidyapeeth (Deemed to be University) Homoeopathic medical college and post graduate research centre, Pune-43. Her contribution in the field of homeopathy is remarkable. She had various research papers published specially on Hypothyroidism. She had been a dean and faculty member of Bharati Vidyapeeth University. Her main research focus is on the drug proving protocols and standardization of nano drugs and Evidenced based medicine research.



Mr. Aditya Dilipkumar Patil pursued B.H.M.S. from Bharati Vidyapeeth (Deemed to be University) Homoeopathic medical college and post graduate research centre in 2015. He is currently working as Postgraduate scholar in Department of Homoeopathic pharmacy from the same institute since 2016. He is a member of Chandrabhaga Charitable Trust since 2017 and Life member of Moredada Charitable Trust, Nashik, Department of Herbal Medicine since 2018. He has published research papers in reputed international journals and conferences including AYUSH and International meetings on traditional and alternative medicines (Japan) the details of publications are available online. His main research work focuses on Evidenced based medicine, Diabetes, preclinical studies (In-vitro & In-vivo), nanoparticle etc. Following are the link of profiles (Researchgate, LinkedIn) respectively.



[[https://www.researchgate.net/profile/Aditya\\_Patil21](https://www.researchgate.net/profile/Aditya_Patil21),  
[linkedin.com/in/dr-aditya-dilipkumar-patil-aab76bb6/](https://www.linkedin.com/in/dr-aditya-dilipkumar-patil-aab76bb6/)].

Ms. Snehal Nimbalkar pursued B.H.M.S. from Bharati Vidyapeeth (Deemed to be University) Homoeopathic medical college and post graduate research centre in 2015. She is working as a consultant homoeopath and is attached to RUBY multispecialist hospital as medical officer. She has contributed to various national seminars and working in clinical trials section of complementary and alternative medicine.



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